

SBIRT for Substance Use Disorders

**GOVERNOR'S PREVENTION ADVISORY
COUNCIL (GPAC)**

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What is SBIRT?

Screening, Brief Intervention and Referral to Treatment (SBIRT) is a **comprehensive, integrated, public health** approach to the delivery of early intervention and treatment services for substance use disorders (SUDs)

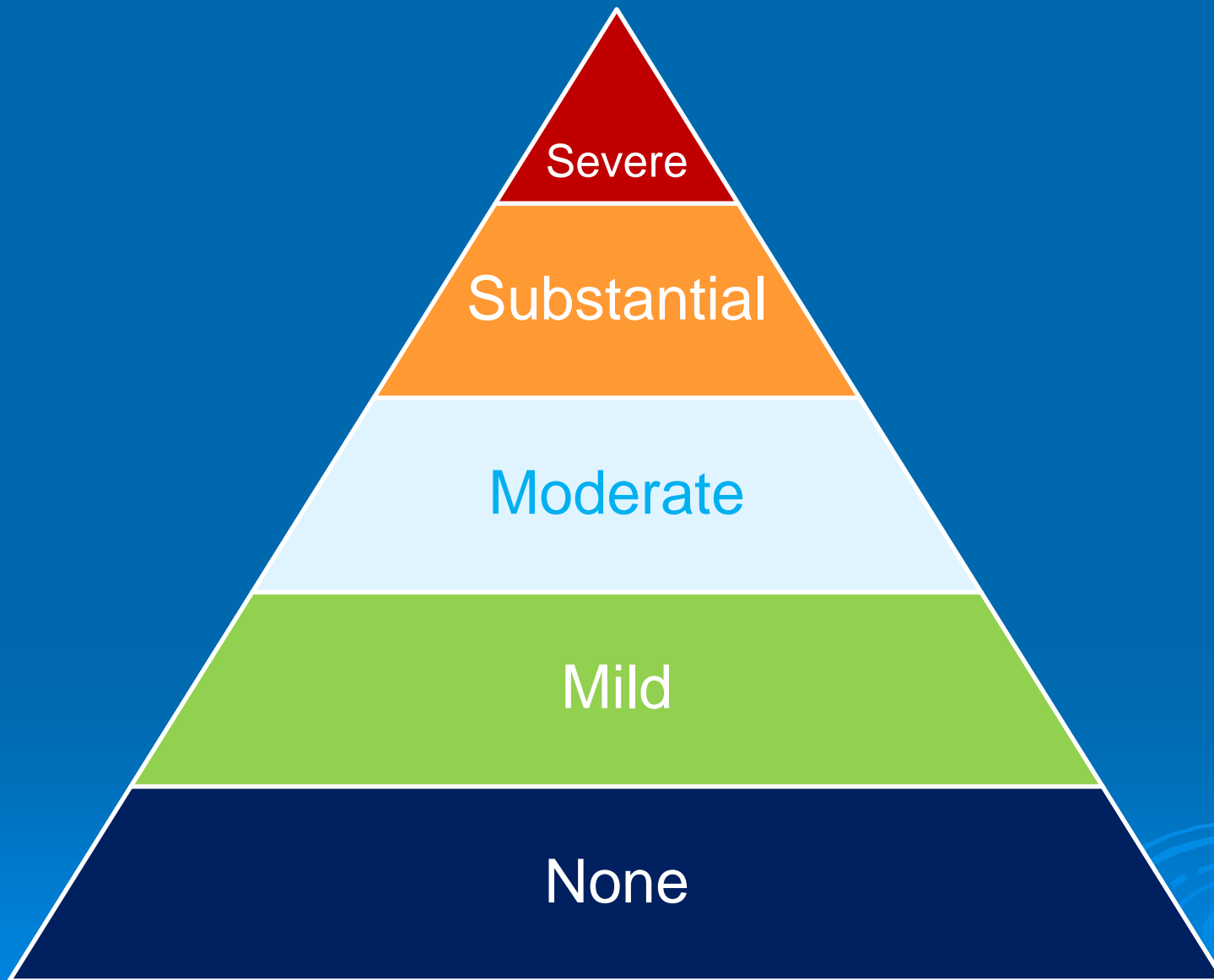
- For persons with substance use disorders
- Those at risk of developing these disorders

Primary care centers, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users

SBIRT: Core Clinical Components

- **Screening:** Very brief screening that identifies substance related problems
- **Brief Intervention:** Raises awareness of risks and motivates client toward acknowledgement of problem
- **Referral to Treatment:** Referral of those with more serious SUDs

Distribution of Alcohol (or Drug) Problems



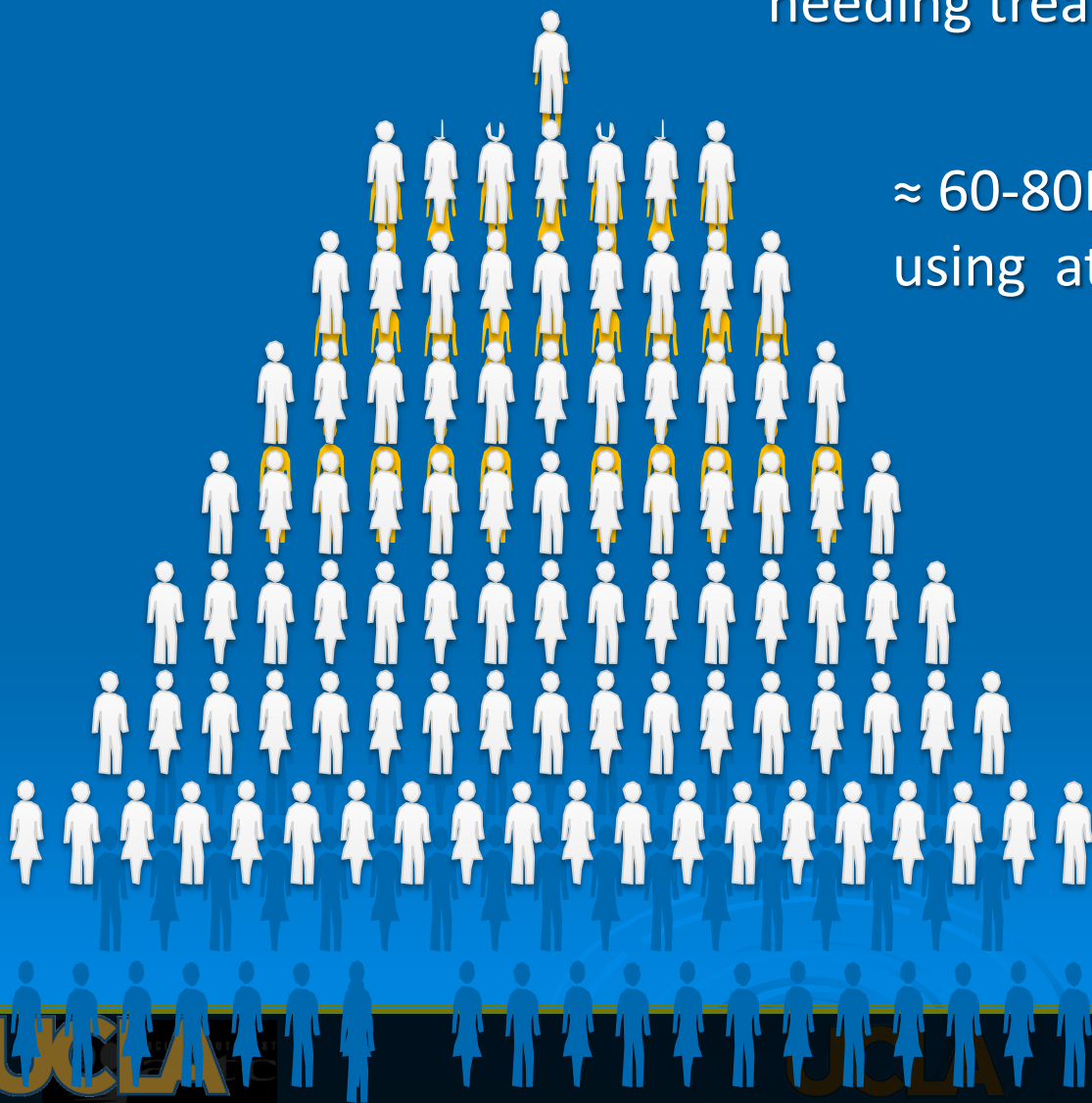
2M people (0.8%) receiving treatment*

21M people (7%) have problems
needing treatment, but not receiving it*

≈ 60-80M people (≈20-25%)
using at risky levels

US Population:
307,006,550

US Census Bureau, Population Division
July 2009 estimate



Benefits of Screening

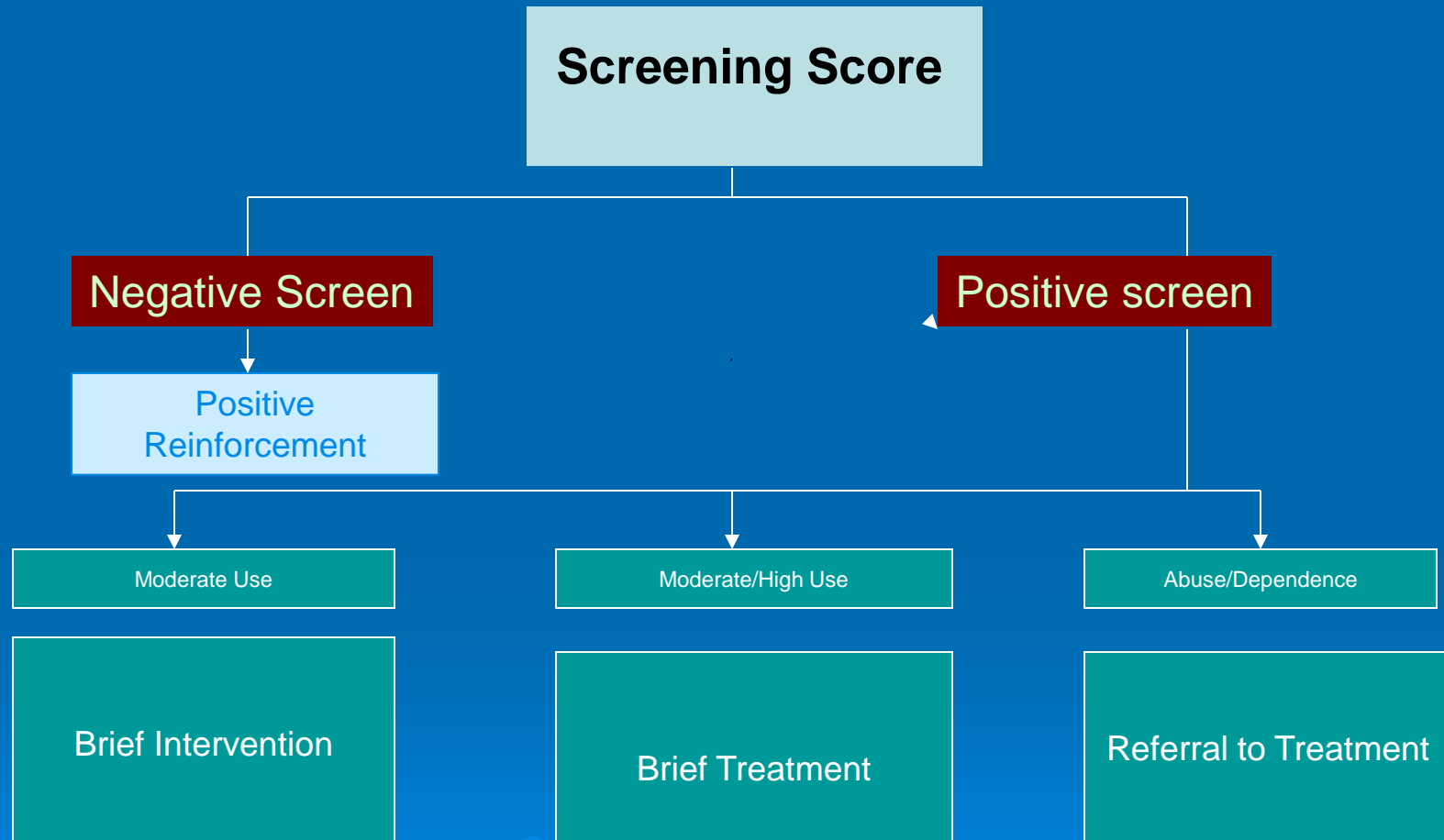
- Provides opportunity for **education, early intervention**
- Alerts provider to **risks for interactions** with medications or other aspects of treatment
- Offers opportunity to **engage** patient further
- Has proved beneficial in **reducing high-risk activities** for people who are not dependent

(Source: NCETA, 2004)



SBI Procedures:

Follow-up Action Depends on Score



Screening and Brief Interventions in Healthcare Settings

SBI can have a Major Impact on Public Health

Substance abuse

SBI reduces alcohol and drug use significantly

Morbidity and mortality

SBI for alcohol reduces accidents, injuries, trauma, emergency dept visits, depression

Health care costs

Studies have indicated that SBI for alcohol saves \$2 - \$4 for each \$1.00 expended

Other outcomes

SBI for alcohol may reduce work-impairment, reduce DUI, improve neonatal outcomes

References provided in subsequent slides

Screening, Brief Interventions for Alcohol: Saves Healthcare Costs

Study	Cost Savings	Authors
Randomized trial of brief treatment in the UK	Reductions in one-year healthcare costs <i>\$2.30 cost savings for each \$1.00 spent in intervention</i>	(UKATT, 2005)
Project TREAT (Trial for Early Alcohol Treatment) randomized clinical trial: Screening, brief counseling in 64 primary care clinics of <i>nondependent alcohol misuse</i>	Reductions in future healthcare costs <i>\$4.30 cost savings for each \$1.00 spent in intervention (48-month follow-up)</i>	(Fleming et al, 2003)
Randomized control trial of SBI in a Level I trauma center Alcohol screening and counseling for trauma patients (>700 patients).	Reductions in medical costs <i>\$3.81 cost savings for each \$1.00 spent in intervention.</i>	Gentilello et al, 2005)

Screening, Brief Interventions for Illicit Drugs: Saves Healthcare Costs

Study	Cost Savings	Authors
9 hospital ERs in Washington State	Medicaid costs reduced \$366 per person per month.	Estee et al., 2010

Pre-screening Questions

- “How many times in the past year have you had 4 drinks (women)/ 5 drinks (men) or more drinks in a day?”, (A response of >1 is considered positive.)
- “How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?” A response of at least 1 time was considered positive for drug use.

Commonly Used Screeners

➤ Alcohol Screeners

- AUDIT
- AUDIT-C

➤ *Drug Screeners**

- *DAST (for drugs)**

➤ *Comprehensive Screeners**

- *ASSIST (for tobacco, alcohol and drugs)**

* Screening for drugs not currently a reimbursed service.

Alcohol Use Disorders Identification Test (AUDIT)

- 10 questions
 - Can identify problem use and dependence
- Used with adults/adolescents/young adults
- Highly sensitive for many different populations, including women and minorities
- Interview, self-administered, computerized
- Validated cross-culturally; translated into many languages

AUDIT questions (1)

1. How often do you have a drink containing alcohol?
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
3. How often do you have six or more drinks on one occasion?
4. How often during the last year have you found that you were not able to stop drinking once you had started?
5. How often during the last year have you failed to do what was normally expected from you because of drinking?

AUDIT questions (2)

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
7. How often during the last year have you had a feeling of guilt or remorse after drinking?
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
9. Have you or someone else been injured as a result of your drinking?
10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?

AUDIT-C

- 3 questions from AUDIT (quantity/frequency)
- Sensitivity appears as good as full AUDIT
- Can be used as a pre-screen to identify patients in need of full screen and brief intervention

AUDIT-C questions

1. How often did you have a drink containing alcohol in the past year?
2. How many drinks did you have on a typical day when you were drinking in the past year?
3. How often did you have 6 or more drinks on one occasion in the past year?

Selected California SBIRT Initiatives

San Diego SBIRT

- Ensure San Diego County's health care system routinely screens patients for alcohol, tobacco and other drug problems
- Provide clinically and culturally appropriate interventions when indicated
 - Material obtained from Susan Bower (Director of Alcohol and Drug Services)

San Diego: Background

1993 - implemented in an ED and Trauma Unit, funded through Robert Wood Johnson Foundation

2004 – awarded SAMHSA grant through ADP with services provided in:

- 9 EDs and Trauma Units
- 1 Burn Unit
- 1 Community Health Center

San Diego's Approach

- Full integration into health setting
- Certified Health Educators
- Electronic ASSIST
- Immediate feedback by Health Educator
- Results given to physician if At-Risk or High-Risk

Risk Levels

Between 2004-2010, 280,000 screenings were completed:

- No/Low Risk: 75%
- At Risk: 17%
- High Risk: 2%
- Severe Risk: 6%

Interventions

- Education/Reinforcement 75%
- Brief Intervention 19%
- Brief Treatment 3%
- Referral to Treatment 3%

Follow-Up Results

- 74% reduced use
- Of those identified as At-Risk, High-Risk, or Severe-Risk:
 - 62% stopped drug use
 - 60% reduced alcohol consumption to low risk levels

The Challenge: Sustainability

- Need to be open to other models
- Funding
- After the CABIRT Grant ended, San Diego was not able to sustain SBIRT County-wide effort

LA-SBIRT: Los Angeles City and County Jails

- Funded by California Department of Alcohol and Drug Programs (ADP)
- Implemented By:
University of California, Los Angeles, Integrated Substance Abuse Programs (UCLA-ISAP), the Los Angeles Department of Public Health, Los Angeles Sheriff and Police Departments, Homeless Health Care Los Angeles, and Behavioral Health Services
- Timeline:
August 1, 2008 through September 30, 2010

LA-SBIRT Evaluation Tools

➤ AUDIT C+

- Brief, only five questions
- Screens for both alcohol and drug use

➤ ASSIST

- screening questionnaire originally developed for primary care
- Covers all psychoactive substances including alcohol, tobacco, and illicit drugs
- Helps practitioners to identify patients who may have hazardous, or harmful use of one of more substances

Participant Flow: from Screen to Treatment

- 6009/7909 (76%) screened positive with the AUDIT C +
- 2172/6009 (36%) of those who were positive with the AUDIT C +, completed an ASSIST.
- 95% who completed the ASSIST scored High or Moderate risk for at least one substance.
- 64% of those referred to treatment entered treatment.

Lessons Learned: Screening tools

- A very brief screen in the jail (AUDIT C+) is not efficient because screens are almost all positive (76%).
- Only 36% of those who scored positive on the AUDIT C + completed an ASSIST. Performing the ASSIST in the jail is recommended when circumstances allow it.
- Most SBIRT staff members feel that the ASSIST is very effective for this population.
- Following completion of CASBIRT grant, jail screening was not sustained.

College Campuses: UCLA Access to Care Project

Funded by: SAMHSA

Implemented by: UCLA-ISAP and the UCLA Counseling
and Psychological Services
(UCLA-CAPS)

Timeline: 2005-2009

UCLA Access to Care (Oct. 2008)

- CAPS staff and interns trained: 85
- Completed student screenings: 6,772
- Brief Interventions (1+ session): 1,534
- Percentage of students reporting a reduction of binge drinking at FU: 54%
- Percentage of students reporting a reduction of Marijuana use at FU: 63%

Disseminations for College Campuses

- UCLA Access to Care Project provided SBIRT training to college staff, interns, post-docs, and practicum students at California colleges and universities in March and October of 2008
- Trainings were attended by 57 individuals representing 18 universities and colleges

Disseminations for College Campuses

Universities and Colleges at SBIRT

UC System	CSU System	Other/Private
UC Merced*	CSU Bakersfield*	U. of San Diego
UC San Diego	CSU Long Beach*	Vanguard U.
UC Irvine	CSU San Francisco*	Occidental College*
UC Riverside	CSU Sacramento	Woodbury U.
UC Santa Barbara*	CSU San Jose	Notre Dame de Namur
UC San Francisco		Santa Clara U.
UC Berkeley		U. of San Francisco

* Denotes campuses that implemented SBIRT

SBIRT Dissemination Events for American Indian/Alaskan Native Communities

- Funded by: SAMHSA (supplement to Pacific Southwest ATTC)
- Implemented by: UCLA-ISAP and California Rural Indian Health Board (CRIHB)
- Timeline: Oct. 2008 – Sep. 2009

Dissemination Events for American Indian/Alaskan Native Communities

- UCLA-ISAP conducted two full-day sessions (Sacramento, April 2, 2009 and Los Angeles, August 13, 2009)
- Training components included:
 - Screening practices among health professionals
 - Overview, demonstration, and practical application of the ASSIST screening tool
 - Detailed overview and demonstration of motivational interviewing techniques
- A total of 50 individuals from 18 tribal organizations attended the two sessions
- Follow-up surveys showed that four organizations had implemented SBIRT

SBIRT Disseminations for Health Care Providers

Funded by: California Department of Alcohol
and Drug Programs

Implemented by: UCLA – ISAP

Timeline: April 2009 – March 2013

SBIRT Disseminations for Health Care Providers

- UCLA-ISAP provided a series of one-day training workshops for staff from trauma centers, emergency departments, and primary health care settings
- Participants included physicians, nurses, psychologists, hospital social workers, health educators, therapists (MFT), nurses aides, and substance abuse counselors

SBIRT Training & Technical Assistance

- 2009= 17+ trainings
- 2010 = 15+ trainings
- 2011 = 20+ trainings (includes two daylong SARC meetings that focused entirely on SBIRT)
- 2012 = 20+ trainings/webinars
- 2013 = 40+ trainings/webinars

- Trainings were done all over California

Online Course

www.attcelearn.org

➤ **Foundations of Screening, Brief Intervention, and Referral to Treatment (SBIRT)**

- 1.5 hour self-paced, online course
- The four learning modules include:
 - Module 1: What is SBIRT?
 - Module 2: Rationale for Adopting and Implementing SBIRT
 - Module 3: Barriers and Support for Implementation
 - Module 4: Where Do We Go From Here?

SBIRT Technical Assistance

Staff from UCLA-ISAP and the Pacific Southwest Addiction Technology Transfer Center (Pacific Southwest ATTC) offered technical assistance in the following areas:

- Implementation of SBIRT in diverse settings
- Dissemination of electronic ASSIST and user manual
- Additional training on SBIRT screening instruments
- Additional training in motivational interviewing
- Linkages to other SBIRT resources (SAMHSA, World Health Organization)

World of SBIRT

(<http://worldofsbirt.wordpress.com/>)

- The *World of SBIRT* blog was developed by the UCLA Integrated Substance Abuse Programs and the Pacific Southwest Addiction Technology Transfer Center.
- Over the years, we have provided SBIRT-related training to professionals in a variety of settings.
- Our goal in creating this site is to highlight some of the training resources that may meet differing needs.

WHO/NIDA/UNODC

- Walter Ling and Richard Rawson are on the WHO/NIDA SBIRT-ASSIST Advisory Committee.
- Developed the package on SBIRT for the UNODC/WHO Treatnet program which is being used all over the world.
- Current NIDA grants evaluating SBIRT in mental health settings, HIV treatment and screening settings (Vietnam) and county jails.

Thank You

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